

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID No.	DATE
FEE DETERMINATION	<i>CH</i>		0-2-01
O.I.P.E. CLASSIFIER		43	2/9/21
FORMALITY REVIEW	<i>CH</i>	1119	0-16-01
RESPONSE FORMALITY REVIEW	<i>CH</i>	1030	9-24-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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29
3/16
4/1/01